

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application number::

Filing Date::

Application Type:: Regular  
(371 National Entry)

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: METHODS AND COMPOSITIONS  
FOR TREATMENT OF  
NEUROLOGICAL DISORDER

Attorney Docket Number:: 701039-52287

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 14

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent App.?:: No

**APPLICANT INFORMATION**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full capacity

Given Name:: Larry

Middle Name:: I.

Family Name:: Benowitz

Name Suffix::

City of Residence:: Newton

State or Province of

Residence:: MA

Country of Residence:: US

Street of mailing address:: 45 Moreland Avenue

City of mailing address:: Newton

State or Province of mailing

address:: MA

Country of mailing address:: US

Postal or Zip Code of mailing

address:: 02159

**CORRESPONDENCE INFORMATION**

## Correspondence Customer

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**REPRESENTATIVE INFORMATION**

## Representative Customer

Number:: 000050828

OR

Representative Designation::	Registration Number::	Representative Name::
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Agent	37 C.F.R. § 10.9(b)	Leena H. Karttunen
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**DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	371 National Stage of	PCT/US2003/030466	09/25/2003
PCT/US2003/030466	An application claiming the benefit under 35 USC 119(e)	60/414,063	09/27/2002

**FOREIGN PRIORITY INFORMATION**

Country::	Application number::	Filing Date::	Priority Claimed::

**ASSIGNEE INFORMATION**

Assignee name:: Children's Medical Center  
Corporation

Street of mailing

address:: 55 Shattuck Street

City of mailing

address:: Boston

State or Province of

mailing address:: MA

Country of mailing

address:: US

Postal or Zip Code of

mailing address:: 02115

Date: 3/21/05

Respectfully submitted,



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